DOCUMENT RESUME

ED 430 197 CG 029 289

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TITLE School Psychology in the New Millennium: Constructing and Implementing a Blueprint for Intervening in Crises Involving Disasters and/or Violence.
PUB DATE 1999-04-08
NOTE 27p.; Paper presented at the Annual Convention of the National Association of School Psychologists (31st, Las Vegas, NV, April 6-10, 1999).
PUB TYPE Guides - Non-Classroom (055) -- Reports - Evaluative (142) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Counselor Role; *Crisis Intervention; Crisis Management; Cultural Influences; Elementary Secondary Education; Models; Prevention; Safety; *School Psychologists; Secondary Education; *Violence
IDENTIFIERS *Disasters; National Organization for Victim Assistance; Oklahoma; Task Force Approach; Traumas

ABSTRACT

This paper offers advice to school psychologists concerning the future of their profession in relation to crisis intervention. Crisis intervention will be more of a priority as the year 2000 approaches; therefore school psychologists need to expand their role and change their focus to include intervention to all children. School psychologists need to take the leadership and critical role on crisis response teams in order to implement primary, secondary, and tertiary levels of prevention. Currently, school psychologists initially intervene at the secondary or tertiary level. In the future, the concentration needs to be on primary prevention. Proactive rather than reactive crisis intervention should be emphasized and intervention should no longer be viewed as a support service but as an essential direct service. Consequently, school psychologists need to be familiar with and develop competence in immediate, intermediate, and ongoing intervention. As school-community crisis response teams are developed, school psychologists need to be a part of the planning for dealing with crises. They need to be familiar with guidelines for constructing a crisis management plan and with group crisis intervention. This paper discusses the components of an effective crisis management plan and the National Organization for Victim Assistance's recently revised intervention paradigm. Also presented is an experiential crisis/trauma awareness exercise. (Contains 49 references.) (Author/MKA)

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ED 430 197

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS' CONVENTION
1999 CONVENTION

Bally's Hotel and Resort
Las Vegas, Nevada
April 8, 1999

School Psychology in the New Millennium: Constructing and Implementing a Blueprint for Intervening in Crises Involving Disasters and/or Violence

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Table of Contents

	Page
I. Acknowledgments	3
II. Introduction	4
III. The Crisis Response Planning Task Force	5
- An Illustration of a Crisis Planning Task Force	6
IV. The Crisis Response Team Plan	7
- An Example of a Crisis Management Plan	7
- School Crisis Prevention Practices	9
- Two Basic Models Guiding Crisis Response Plans	10
- Suggestions From Schools That Have Experienced Crises	10
- Other Insights on Constructing Safety Plans	11
- Key Questions to be Addressed	12
V. NASP/NEAT Community Crisis Response and the NOVA Model	13
- NOVA's Goals	14
- NOVA's Protocols	14
- NOVA's Group Crisis Intervention Tasks	16
- Other NOVA Model Facts	19
- Comparison Between CISD and NOVA's Group Crisis Intervention Model	20
- Cultural Perspectives on Trauma	20
VI. Conclusion.	22
- The Oklahoma Standard	22
VII. References Researched to Prepare This Paper	23

Acknowledgments

Appreciation is extended to Dr. Scott Poland (NEAT Director, and Director of the Department of Psychological Services, Cypress-Fairbanks Independent School District in Houston, Texas), and to Dr. Terry Davis (Natick Public School Psychologist and Massachusetts NASP Delegate) for supplying this school psychologist with up-to-date literature on the NOVA Group Crisis Intervention Model.

Introduction

Currently, school psychologists provide multiple and varied services: Assessment, Prevention, Intervention, Consultation, Education, Health Care Provision, as well as Research and Planning. Because of federal and state laws, many school districts have prioritized assessment. Consequently, school psychologists have been spending a significant amount of their service delivery time evaluating children and adolescents referred for cognitive, emotional, behavioral, and/or medical reasons.

Because of the impact of disasters (natural, industrial, and/or human) and the increasing violence in our schools and communities, the role of the school psychologist has been changing and broadening. In school districts that have already experienced disasters and/or violence, school psychologists have entered the forefront and intervened as crisis team members.

Crises are escalating everywhere. Crisis intervention is needed more now than ever before, and this direct service will be more of a priority as the year 2000 approaches. Therefore, school psychologists need to expand their role and not only provide assessments to children and adolescents who may possibly need special education services, but also change their focus to include intervention to all children. School psychologists need to take the leadership and critical role on Crisis Response Teams in order to implement three levels of prevention: (1) primary (working on ways to prevent a crisis from happening); (2) secondary (arresting a potential crisis from escalating); and (3) tertiary (repairing the damage after an occurrence of a crisis).

Today, school psychologists initially intervene at the secondary or tertiary level of prevention. In the future, the concentration needs to be on primary prevention. Proactive

rather than reactive crisis intervention should be emphasized. No longer can crisis intervention be viewed as a support service. It should be considered as and will become an essential direct service. Consequently, school psychologists need to be familiar with and develop competence in immediate, intermediate, and on-going intervention.

As the new millennium approaches and as the years move on, school-community Crisis Response Teams will be a must in all school districts. School psychologists need to be an important part of the TEAM to construct and implement a blueprint for dealing with crises. They especially need to be familiar with guidelines for constructing a crisis management plan and with group crisis intervention (psychological first aid). To introduce school psychologists at the NASP Convention to some basic information, some of the components of an effective plan will be presented. Also, since NASP has adopted the National Organization for Victim Assistance's (NOVA's) model and now has its own National Emergency Assistance Team (NEAT), NOVA's recently revised group crisis intervention paradigm will be shared.

In addition at the convention, school psychologists will be provided an opportunity to introspect about their feelings for intervening in several types of crises (disasters and violence). For this latter purpose, an experiential Crisis/Trauma Awareness Exercise will be presented to all for self-reflection and discussion.

The Crisis Response Planning Task Force

To prepare for the unexpected, every school system needs to develop a written policy for dealing with crises. The model needs to be reviewed and revised often. For a recent and valuable summary of School Crisis Planning, school psychologists are referred to the 1998 Communique article by Dr. Scott Poland, the leader of NEAT. When a school

system has no written plan to deal with crises, it needs to convene a Task Force to construct a blueprint for action in order to be ready when a tragedy occurs. School psychologists need to be an essential part of such a group.

An Illustration of a Crisis Planning Task Force

During the 1997-1998 school year, this Massachusetts school psychologist (who retired in June of 1998), was one of eighteen members on the Lowell Public Schools' Crisis Response Planning Team. Our task was to collect sample crisis response plans from different school systems, review them, discuss them at our meetings, and incorporate relevant aspects as well as construct drafts that would be appropriate to Lowell and would eventually lead to a handbook for the school system.

In the summer of 1998, as a result of our work in conjunction with the New Hampshire School Board's Insurance Trust, Inc., a Crisis Management Planning Workbook was printed. In addition, "its entire contents were copied onto a diskette in Windows Microsoft Word Version 6.0; a sample wallet-sized card showing key numbers for all staff was illustrated; and an Emergency Flip Chart covering the critical types of crisis responses was provided for office and classroom quick reference."

A Crisis Response Planning Team needs to include both school system personnel as well as community members. The community, as a whole, needs to work together as a team in primary, secondary, and tertiary crisis intervention. In Lowell, as one example, the following professionals participated in the development of the Crisis Response Plan: the Project Director who was the Chairperson; the Chapter 636 Facilitator who assisted the Chairperson; several Principals who represented Elementary and Secondary Education; a Middle School Assistant Principal; the Administrator of Special Education;

the High School Guidance Director; the Transportation Supervisor; the Spanish Facilitator; the Drug Awareness Educator; this School Psychologist; a Nurse from the Health Department; an Emergency Medical Technician from an Ambulance Service; a Police Officer who represented the Lowell Police Department; and a fire fighter who represented the Lowell Fire Department.

The Crisis Response Team Plan

An Example of a Crisis Management Plan

In Lowell, the Planning Team created a comprehensive crisis plan that involved several types of emergencies. In its Emergency Flip Chart (1998b), it included the following categories: Bus Accidents With Minor Injuries, No Deaths; Bus Accidents With Serious Injuries and/or Deaths; Assault/Managing Alleged Assailant; Bomb Threat/Found: Child Abuse; Child Abduction; Expected Death; Unexpected Death; Death at School; Chemical Spills; Fire; Gang Altercations; Students in Large Group Crises; Operational Crises; Riot/Political or Community Demonstration; Security Breach; Vandalism; Tornado/Natural Disasters; In House Retention Plan; and Emergency Evacuation Procedures. Each emergency was identified within a particular level. Depending upon its level, policies were established for personnel to follow. The Lowell Public School's (1998a) Workbook listed three Levels, and they are defined as follows:

> **Level I** – Personal tragedy, threatening incidents or operational crises primarily affecting a student, teacher, or administrator and impacting a single site (p. 5).

Examples:

- Accidents-minor; to and from school
- Assault of a student

- Bomb threat
- Child abuse
- Operational crises—ruptured water lines, climate control in extreme weather, power outage, vehicle breakdown and towing
- Riot/political or community demonstration
- Security breach or vandalism
- Weather procedures

Level II – Major personal crisis, threatening incident, or operational crisis at a single school, or major disaster elsewhere that indirectly impacts students and teachers (p. 6).

Examples:

- Accidents--major bus and auto accidents on trips away from school
- Bomb found
- Child abuse—accusation against school personnel
- Gang altercations
- Mass involvement of students in large group crises
- Operational crises—hazardous material release, toxic substance, or gas leak
- Riot-political or community demonstration

Level III – Terrorism, disaster or threatened disaster directly and profoundly affecting one or more schools or sites (p. 7).

Examples:

- Bomb, explosion, fire
- Death at school—natural, accidental, homicide, or suicide
- Emergency evacuation

- Tornadoes and other natural disasters
- Security breach—taking of hostages or sniper gunfire

School Crisis Prevention Practices

In designing crisis prevention and response plans, school systems can incorporate the National School Safety Center's "School Crisis Prevention Practices" which are found in the video, "School Crisis: Under Control," funded by the U. S. Department of Justice. The four-fold category of recommendations are cited as follows:

1. Crisis Prevention

- Lock door to keep out intruders.
- Hire security officers; use parent patrols.
- Establish a visitor screening procedure.

2. Crisis Preparedness

- Develop a safety plan
- Set up a two-way intercom system; use walkie-talkies.
- Develop an emergency signal.
- Give police and fire departments a blueprint of your school.
- Assign roles for staff in case of an emergency.
- Teach children to listen to adults.

3. Crisis Management

- Take charge immediately
- Establish procedures to identify dead or wounded; verify absent children.
- Set up a media command post.
- Be truthful with the press.

- Establish a plan for transportation and crowd control.

4. Crisis Resolution

- Give accurate information to students, parents, and teachers as soon as possible.
- Visit wounded in the hospital.
- Offer professional counseling to students.
- Offer professional counseling to teachers and staff.
- Reopen the school as soon as possible.
- Take students through the crisis.
- Hold an open house for students and parents.
- Use rituals and symbols to help the grieving process.

Two Basic Models Guiding Crisis Response Plans

The organization of crisis response teams can be at the school building, district, or district/community levels. It is helpful to base the team's philosophy on Caplan's (1964) three levels of crisis intervention (prevention, intervention, and postvention) and on Maslow's (1970) "Basic Hierarchy of Human Needs" model which addresses survival as primary and then other ascending sociological and psychological needs as secondary.

Suggestions From Schools That Have Experienced Crises

In constructing a crisis response team plan, Poland (1998, p. 37), in answering several questions about school crisis planning in the November Communique, recommends keeping in mind the following suggestions from schools that have weathered crises:

- You must recognize that it could happen to you.
- No two crisis situations are alike, but what you learn in one situation will help you deal with future situations.

- Each person must understand his/her role in a crisis.
- School crisis plans must be reviewed at least once a year.
- Everybody must be alert.
- School safety is an inside job that involves a committed student body, staff, and community.

Other Insights on Constructing Safety Plans

Poland (1998) also noted other experiential perceptions that will be shared in the remainder of this section. To begin planning, school superintendents need to support crisis response teams and direct principals to be accountable for crisis planning and school safety. Each school building should review past crises and evaluate what worked, what did not work, what was learned from the emergency, and what can be done to prevent similar crises in the future.

Because the leading causes of death in children are accidents, homicide, and suicide, school systems need to develop a curriculum to deal with those causes of tragic unexpected events. Programs should include safe driving, bicycle safety, gun safety, decision-making, anger management, violence prevention, and suicide prevention. The composition of crisis teams would be decided by each school system. However, it is important to select members who are competent, who also remain calm in crisis situations, and who have effective speaking skills. The number of team participants can range from four to eight with the following duties covered: medical, counseling/psychological, security, parent communication, and school communication.

Every school should have a "lock down" signal" to insure student safety. The signal has to be understood by all staff who will keep all students safe in a protected area until

the "all clear" sign is given or sounded. An evacuation plan should also be part of the overall Crisis Response Plan. All staff needs to know what to do and where to go if the school has to be abandoned. If there is a bomb threat, the building principal will decide if an evacuation is needed based on the age of the caller, unrest in the community, and weather conditions. If there is a crisis of any kind, "top priorities include assuring that medical and security needs are met and that identification information accompanies anyone who is injured/killed" (p. 37). The school will need to be ready for three groups that will arrive at the school: police and medical, media, and parents.

Key Questions to be Addressed

Poland (1998.p. 37) reported that schools need to address the following key practical questions:

- Do we close school early or cancel for the next day? (Hopefully not, as many students will be unsupervised at home).
- Do we change the bell schedule and class schedule?
- How do we get facts about the crisis to parents, as well as information on how they can help their children? (Note sent home with students, schedule parent meeting, etc.).
- How do we isolate and support school personnel or students who are interviewed by police?
- How do we contain the media?

All schools should have crisis drills to practice what is written in the crisis response plan and to learn what worked, what did not work, and what should be changed for managing crises in the future.

NASP/NEAT Community Crisis Response and the NOVA Model

Following the Oklahoma City bombing, two school psychologists wrote a proposal to NASP to establish a National Emergency Response Team. The proposal's idea was accepted, and, in 1996, the National Association of School Psychologists/National Emergency Assistance Team (NASP/NEAT) was created. According to Zenere (1998),

> The mission of the NEAT is to develop policies and procedures, disseminate information, provide consultation and facilitate the training of school-based crisis teams in response to significant emergencies impacting children and adolescents. The purpose of this team is to provide the expertise to enable school districts to respond before, during, and after a large-scale crisis. The team is composed of highly trained Nationally Certified School Psychologists with expertise in prevention, intervention, and postvention, who can provide assistance in response to large-scale emergencies (p. 38).

The NEAT Crisis Plan is based on Caplan's (1964) pioneering work in crisis intervention. He envisioned three components of crisis intervention: (1) **primary prevention** (preventing crisis events and/or preparing individuals and communities to cope with tragedies before they occur; (2) **secondary prevention** (responding to crisis events to minimize their impact; and (3) **tertiary prevention** (dealing with the long-term effects of trauma).

NEAT, in alliance with NOVA, uses the NOVA Model of group crisis intervention. Its school psychologists' respondents have received extensive training in the paradigm and are preparing other school psychologists throughout the country to use it also. NEAT has proven to be a valuable resource to NOVA. It is not the intent of this professional to summarize all of the basic components of the NOVA model. Only some of the aspects will be addressed. School psychologists who are interested in more information on NEAT and on resources for prevention and intervention can read the November 1998

NASP Communique special issue. NOVA (1-800-TRY-NOVA) and/or NASP (1- 301-657-0270) can also be contacted. Too, additional readings can be found in this paper's Reference List. Some of the major aspects of the NOVA design will now be shared.

NOVA's Goals

Instead of the word "debriefing," NOVA uses the term "group crisis intervention." According to Young (1997a) there are six principal goals of the NOVA model:

(1) guiding the release of emotional steam after the pressure-cooker of trauma;

(2) addressing great numbers of individuals after a community tragedy;

(3) peer group-validations-of-individual reactions that enhance the effectiveness of the validations provided by crisis intervenors;

(4) group work that helps establish social support; that rebuilds a sense of community bonds; and that repairs the social fabric rent by the disaster;

(5) education of community members about trauma and its aftermath; and

(6) affirmation or reaffirmation of hope in the future (pp. 10-1-10-2).

NOVA's Protocols

Young (1997a) identified NOVA's protocol as follows:

> Group crisis intervention is useful both as an immediate response to acute crisis and as a way to continue to integrate the trauma into community life. NOVA's protocol for group crisis intervention relies upon a chronological approach for addressing the crisis event. **Group participants are asked to remember what happened at the time of the trauma, what has happened in the aftermath, and what they expect to happen in the future.** If the trauma is particularly intense, it may be useful to pace the group session to avoid initial feelings of being overwhelmed again. To avoid premature exploration of trauma material, group facilitators may want to start group sessions with the question, "**What was life like before the event happened?**" While facilitating this review, the group leader constantly seeks to ensure the group's sense of **safety** and **security,** to provide ample opportunity for **ventilation** and **validation,** and to help participants **predict** and **prepare** for problems in the future (pp. 10-2 to 10-3).

(Note: For emphasis, this researcher inserted bold letters.

There are six NOVA protocols. Five are modifications of the Basic paradigm. As reported in Young (1997a), they will be briefly cited here.

1. **The Basic Group Crisis Intervention Protocol** - The interventions "often take place at or near the site of the community trauma coincident with the first days or week of the trauma event. The technique allows the facilitators to address thoroughly all of the elements of crisis intervention; to educate participants on the common pattern of crisis reactions and what long-term stress reactions are to expected, and to help participants consider coping responses" (p. 10-4).
2. **Group Defusing Protocol** – Usually used for emergency workers but can also be used for others. Only some elements of crisis intervention are included. The focus is on "immediate issues of safety and security, flash-points of trauma reactions, and thoughts on how to continue to live through immediate re-exposure to the crime scene or its aftermath" (p. 10-16).
3. **Extended Trauma Protocol** – "In prolonged disaster situations when the crisis intervenors arrive in the middle of an extended trauma event . . . the questions used to elicit the crisis reactions and to prepare to cope with a radically changed future will be different than standard ones" (p. 10-17).
4. **Repetitive Group Intervention Protocol** – This is "employed when a community perceives itself as being under siege as a result of numerous different disasters that have taken place in the same community in a relatively short time period . . . " (p. 10-20).
5. **Retrospective Group Crisis Intervention Protocol**. This "may occur months after a

trauma but also can take place years later." "Sometimes communities do not request immediate assistance but realize six months or a year later that assistance might have been useful." (p. 10-23).

6. **Specialty Group Techniques** – The crisis intervention techniques can be modified also for different groups such as children, the elderly, and non-English speaking groups.

NOVA's Group Crisis Intervention Tasks

As has already been reported, NOVA has developed a basic protocol, which is used for "the immediate aftermath of sudden, immediate, low-point tragedies." However, because some catastrophes create different issues, NOVA, as noted on this and the previous page, also employs different modifications of the basic paradigm. Although dissimilar in some ways, all of the models deal with the three phase protocol questions and establish parameters of **safety and security, ventilation and validation, and prediction and preparation**. To introduce school psychologists to the six tasks, Young's (1997b) description of each will now be quoted:

Safety – Providing for their safety involves:

1. Assuring physical safety.
    A. Assess medical needs.
    B. Is the victim, their family, friends or neighbors in any danger?
    C. Assessing victims risk for suicide.
    D. Is there a safe place where victims and their loved ones can stay until the crisis passes?
2. Assuring the victim's connection with caregivers.

A. Assessing the support system for victim.

B. When appropriate, have groups of survivors meet and talk.

C. Providing information on community services and resources.

Security – Providing for victim security involves:

1. Providing privacy for expression of emotions.
2. Ensuring confidentiality.
3. Reassuring survivors their reactions are acceptable and not uncommon.
4. Helping survivors begin to take control of the events going on around them.

Ventilation –Providing for ventilation allows the victim/survivors to "tell their own story."

1. Victim/survivors often need to tell the story of the crisis event over and over.
2. Anticipate memory and time distortions.
3. Help the victim/survivor to identify appropriate words to express reactions and responses to the experience.
4. Use age appropriate techniques – consider art for all ages.
5. ACTIVE LISTENING
6. Be aware of body language, facial expressions and voice tone.

Validation – Providing for validation helps the victim/survivor to understand that most reactions to horrific events are not abnormal.

1. Validation is based on effective hearing by caregivers.
2. Choose your words carefully.

3. Emphasis should be on the fact that most types of reactions such as fear, anger, frustration, guilt, shame and grief are not unusual but that each victim/survivor's situation is unique.
4. Be alert to any signs of potentially harmful responses and follow through with assessment of risk, parent contact and referral information. Collaborate with site team.
5. Keep conversations focused on the victim/survivor.

Prediction – Providing for what is to come.

1. Assist survivors in PREDICTING the practical issues that will face them in the aftermath. Provide concrete information.
   A. If a crime has been the cause of the disaster, victims may become involved in the criminal justice system as witnesses. Many events result in civil litigation. In either case, predict the long haul.
   B. Often survivors are not aware that they must identify loved ones who have died or they are not prepared to deal with funeral arrangements or notification of relatives. These issues should be addressed as quickly as possible.
   C. Survivors should be counseled on media issues. Sometimes media coverage can cause a great deal of distress for victims and survivors.
2. Assist survivors to predict possible emotional reactions.
   A. Help survivors to describe the emotions of the crisis reaction and grief reaction.
   B. Stress reactions that might occur in the family should be addressed. It is

not uncommon for parents to underestimate the effects of a crisis on children. Provide appropriate parent handouts.

C. Certain things can trigger physical and emotional response after a tragedy, such as birthdays, holidays, anniversaries, even sights and sounds.

Preparation - Assist survivors to PREPARE AND PLAN for the issues already raised.

A. Provide survivors with as much information as they want. If they ask and you do not know, find out and follow through. Do not make promises you can't keep.

B. Provide survivors with referral to additional resources for counseling, advocacy or assistance from school or community resources.

Other NOVA Model Facts

Young (1998) identified several other characteristics of the NOVA Model. Only some of them will be presented here:

Sessions should be conducted at or near the site of the tragedy. The ideal group size is 20-25 with larger numbers used as needed. The sessions are usually one and a half to three hours long in homogeneous or heterogeneous groupings. The participants are seated in a horseshoe or circle configuration. Tissues, water, and toilet facilities should be available. Maslow's "Basic Hierarchy of Human Needs" model, which progresses from primary survival to self-actualization needs, is followed. There are three key roles: (1) a facilitator who is in charge and who is the only team member to speak unless circumstances call for another to verbalize; (2) a scribe who takes notes during the session, assists the facilitator, and is ready to take over if the facilitator is unable to

continue; and (3) caregivers who assist as needed. Confidentiality is emphasized. No physical violence or verbal abuse is tolerated. The counselor follows scripts. Written handouts are distributed at the end of the session.

Comparison Between CISD and NOVA's Group Crisis Intervention Model

Currently, other groups use various community crisis response protocols. For example, the International Critical Incident Stress Foundation (ICISF) uses a specific approach. Although similar to NOVA's protocol in several ways, it differs in its use of the following seven Critical Incident Stress Debriefing (CISD) phases: (1) Introduction; (2) Facts of the Situation; (3) The Participants' Thoughts About the Incident; (4) The Participants' Reactions to the Situation; (5) The Stress Symptoms that the Survivors/Victims Experienced; (6) The Teaching and Educating of the Participants About the Incident and What They Can Expect in the Future; and (7) The Re-Entry phase which includes the Conclusion and the Preparation of the Participants to Return to Their Everyday Lives. In contrast to the CISD approach, NOVA's protocol, as has already been noted in this paper, consists of a three-phase approach.

Cultural Perspectives on Trauma

We live in a culturally diverse society. Consequently, Crisis Response Plans need to include information to prepare respondents to understand and interpret victims/survivors' behaviors within the context of their culture. To emphasize the importance of culture in shaping a person's belief system, NOVA includes one full chapter, Chapter 7, on "The Cultural Perspectives on Trauma" in its revised Community Crisis Response Team Training Manual (Young, 1998). On pages 10-10 to 10-15, Young discusses the impact of culture

on trauma:

- Culture influences what type of threat is perceived as traumatic.
- Culture influences how individuals interpret the meaning of a traumatic event.
- Culture influences how individuals and communities express traumatic reactions.
- Culture forms a context through how the traumatized individuals or communities view and judge their own response.
- Culture may affect the response of immediately "non-traumatized to trauma" and the traumatized.
- Cultures may help to define healthy pathways to new lives after trauma.

Parsons (1985), in a powerful statement, summarizes how a culture socializes its members.

> All ethnically focused clinical, sociological, anthropological, and experimental studies converge to one central conclusion regarding ethnic America: Ethnic identification is an irreducible entity, central to how persons organize experience, and to an understanding of the unique 'cultural prism' they use in perception and evaluation of reality. Ethnicity is thus central to how the patient or client seeks assistance (help-seeking behavior), what he or she defines as a 'problem,' what he or she understands as the causes of psychological difficulties, and the unique, subjective experience of traumatic stress symptoms.
>
> Ethnicity also shapes how the client views his or her symptoms, and the degree of hopefulness or pessimism towards recovery. Ethnic identification, additionally, determines the patient's attitudes toward his or her pain, expectations of the treatment, and what the client perceive as the best method of addressing the presenting difficulties.

Conclusion

In conclusion, the total community needs to work together. For example, the immediate response by rescuers, crisis interrvenors, and ordinary citizens to the Oklahoma City Bombing tragedy on April 19, 1995, im the heartland of the United States established the "**Oklahoma Standard**," a measure of tthe efficient and remarkable teamwork that ensued. What follows is **the Standard**:

> The Community's response was as instantaneous and as overwhelming as the act which precipitated it. Thee wounded and severely shaken survivors came out of the buildingss in the core of the blast area to be met by citizens rushing to offer supportt, first-aid, and rides to hospitals. Men and women of all callings went intco the rubble of the Murrah Building to search for the living and comfort tthe dying. Fire, police, and emergency medical services units self-dispatchhed, responding to the sound of the blast. They were guided to the site by thee column of smoke that towered over the city. . . . Initial commands were esttablished, units were assigned to search each of the buildings. . and triage centers were set up. . . .Rescuers on the ground formed human chains to br'ing the wounded out of the rubble. . . A name has been given to the self-lesss devotion and untiring commitment of those working at the site and the community's response to and support of the workers, the survivors, and the families of the victims. That name is the 'Oklahoma Standard.' It is a unique combination of training, dedication, and professional excelllence rooted in and nourished by the caring and compassion of the community (The City of Oklahoma City, pp. ix-x).

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